

FILED APR 1 1947
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Research Hospital
(d) Length of stay: In hospital or institution 10 days
In this community 52 yrs

3. (a) PRINT FULL NAME

Alice Wilhite

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Jacob R. Wilhite
(c) Age of husband or wife if alive 126 years
7. Birth date of deceased May 10 1865

8. AGE: Years 81 Months 10 Days 5
If less than one day hr. min.

9. Birthplace Brem Co. Indiana

10. Usual occupation at home

MOTHER FATHER

12. Name Rensis Ashcraft
13. Birthplace Ohio
14. Maiden name Melvinna Harkfield
15. Birthplace Ky

16. (a) Informant Mrs. May S. Slawyer
(b) Address 3124 E-12 St

17. (a) Burial (b) Date thereof Mar-17-47
(c) Place: burial or cremation St. Moriah Cem

18. (a) Signature of funeral director Wm C. L. Foster
(b) Address 918 Brooklyn

19. (a) 3-17-47 (b) Geraldine Holmes
(Date received by the registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3124 E-12 St
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1947 hour 12 minute 05 a.m.

21. I hereby certify that I attended the deceased from 3/5/47 to 3/15/47
that I last saw her alive on 3/14/47
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure, Pulmonary congestion, Arteriosclerosis
Due to arteriosclerosis of left coronary arteries
Due to fracture of a. base of 3rd vertebra
Other conditions 50

Major findings: Of operations attempted to correct broken base of 3rd vertebra
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 3/5/47
(c) Where did injury occur? Home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of injury)
(e) Means of injury fall
23. Signature Walter W. Hester (M. D. number) _____
Address 1132 1/2 W. 13th St Date signed 3/17/47

Prep Body
11/1/1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn
K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.